FORM 1

Biosolids Land Application Local Monitoring Expenses REIMBURSEMENT INVOICE

Page 1 of 1

- DELAY NO FOR DATABASE UPDATE AS. 31	6/12
DEQ USE ONLY	
Claim No: 2611-0167 Activity Dates:	
County: Date Rec'd:	
Evaluator: // Approval	

Complete and submit with all required supporting documentation to Department of Environmental Quality, ATTN: Accounts Payable, P.O. Box 1105, Richmond, Virginia 23218. Type or print legibly the required information in the applicable sections below. Refer to the Fees for Permits and Certificates feeging for additional instructions on how to complete the form.

instructions on how to complete the form.	
I. Claimant Information	
A. Name of Local Government Official:	3. County:
	D. City, State E. Zip Code
11413 Courthouse Rd	Luwenburg Va 23952
F. Claimant Telephone No. G. Claimant Fax No. (434) 696-2142 (434) 696	H. Local Monitor Name - 1798 MANUEL Toom65
	son Telephone No. K. Contact Person Fax No. (434) 342-4683
II. Monitoring Activity Information (Attach additional separate sheets	s if necessary)
	3. Farm(er) and Site Location
VPA 03010 T1624 T1176 T1214	Holder
	12-31-2011 D. Reimbursable Time and Charges
Record Resping - Site Moditor E. Sampling and Testing Information F	F. Name and location of Lab used G. Total Lab Charges
E. Sampling and Testing Information	G. 10ta Lab Charges
III. Multiple Owner Information (For Local Monitor employed by mult	tiple jurisdictions)
Are the expenses listed above part of a multiple owner payment submission?	
Yes No	
If you answered "Yes" to the above question, you are required to submit the	his invoice with the multiple owner payment Form 2.
IV. Responsible Official Statement (Please sign name): Manue	l 4 downels se
A. Were the listed expenses incurred during the dates included in Part II.C o	of this form?
Yes No	
If you answered "No", please attach the necessary documentation	to explain the discrepancy
	JAN 25 2000
V. Statement Of Costs	
A. Are all expenses listed in this invoice complete at the date of this invoice?	C. Total costs claimed for reimbursement in this Invoice
∑ Yes □ No	
B. Will additional reimbursement costs incurred for monitoring activities site(s) listed above be submitted?	at the \$ 220,042
☐ Yes ☑ No	(Dec)
VI. County Administrator Certification (Please print name):	
The following signature attests that the monitoring a	activities for which reimbursement is sought have been
•	/PA Permit Regulation (9 VAC 25-32) and the Fees for
Permits and Certificates regulation (9 VAC 25-20):	1000 101
Oracymble)	1-11-12
County Administrator	Date
Illamul A Somela for	1-2-2012
Local Monitor	Date

Biosolids Land Application Local Monitoring Activity Details

County:
County Monitor:
Staff Labor per hour:
Mileage Rate per mile:

Lunenburg
Manuel Toombs
\$24.00
\$0.50 Max

Enter data in YELLOW cells
BLUE cells compute automatically

Maximum Rate is \$0.55/mile

Activity Codes: Administrative Complaint Inspection Meeting Sampling Training

		976.00	\$144.00	and property and the contract of the contract	estrat principal de la constant de l	152.0	6.0		SUBTOTAL
			\$0.00						
			\$0.0						
		\$0.00	\$0.00						
			#0.0						
			\$0.00						
		3 6	800				İ		ľ
		1	\$ 2						
			\$0.00					Ì	
			\$0.0						
			\$0.0						
		\$0.00	\$0.00						
			\$0.0						
		I	90.0						
			9 6	l					
			\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
	ĺ	l	\$0.0¢	l					
		l	8 6	l					
			\$00						I
			\$0.00						
			\$0.00						
			\$0.00	-					
		1	# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1			I		
			\$0 O.						
			\$0.00						
		\$0.00	\$0.00						
		l	\$0.00		,				
			30.00						
			2						
			\$0.00					l	I
			\$0.00						
			\$0.00						
		\$0.00	\$0.00						
			\$0.00						
			\$0.00						
			\$0.00						
		\$0.00	\$0.00						
Monthly Reports Signed			\$36.00			70.0	 ion	Þ	12/20/2011
Prepare Monthly Reports			\$12.00				0.5	٧	12/9/2011
		\$20.00		VPA03010	40.0 Holder T1214 F5	40.0	1.5		12/5/2011
				VPA03010	2.0 Holder T1176 F4&5	2.0	1.5		12/5/2011
		١.		VPA03010	40.0 Holder T1624 F1&2	40.0	1.0	-	12/5/2011
			\$0.00						
			\$0.00						
	Т		3			171100	10010	Code	Date
DESCRIPTION	m	Subtotal	Subtotal	Number	Site Identification	<u> </u>	E .	Code) 101 101
	Other	Mileage	labor	Dermit	AND PROFESSIONAL PROFESSION PROFE	AND DESCRIPTION OF THE PERSONS ASSESSMENT	and construction of the second	december of the second	